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CONFIRMATION NO. 2443

<b>SERIAL NUMBER</b> 10/627,232	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 1027.P005USC1	
<b>APPLICANTS</b> George Van Campen, Ft. Lauderdale, FL; John Erickson, Plano, TX;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/398,749 07/26/2002 and claims benefit of 60/398,704 07/26/2002 and claims benefit of 60/398,740 07/26/2002 and claims benefit of 60/400,366 08/01/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/21/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 35320					
<b>TITLE</b> Method and apparatus for providing complex tissue stimulation patterns					
<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		